

County: Brown  
 RENNES HEALTH CENTER - DE PERE  
 P. O. BOX 5365

Facility ID: 7840

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DE PERE 54115 Phone: (920) 336-5680  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 102  
 Total Licensed Bed Capacity (12/31/01): 102  
 Number of Residents on 12/31/01: 99

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 98

Corporation  
 Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		46.5	
Home Health Care	No					1 - 4 Years		41.4	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	3.0	More Than 4 Years		12.1	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	26.3	65 - 74	9.1				
Day Services	No	Mental Illness (Other)	0.0	75 - 84	26.3			100.0	
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.5	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	5.1	95 & Over	12.1	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	3.0			Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	17.2		100.0	(12/31/01)			
Home Delivered Meals	No	Cardiovascular	10.1	65 & Over	97.0				
Other Meals	No	Cerebrovascular	7.1			RNs		10.6	
Transportation	No	Diabetes	11.1	Sex	%	LPNs		7.2	
Referral Service	No	Respiratory	7.1			Nursing Assistants,			
Other Services	No	Other Medical Conditions	13.1	Male	21.2	Aides, & Orderlies			
Provide Day Programming for Mentally Ill	No			Female	78.8				
Provide Day Programming for Developmentally Disabled	No		100.0						

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	13	100.0	301	37	100.0	108	0	0.0	0	46	93.9	173	0	0.0	0	0	0.0	0	96	97.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	3	6.1	173	0	0.0	0	0	0.0	0	3	3.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		37	100.0		0	0.0		49	100.0		0	0.0		0	0.0		99	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	3.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	82.8	17.2	99
Other Nursing Homes	2.1	Dressing	1.0	94.9	4.0	99
Acute Care Hospitals	92.6	Transferring	9.1	80.8	10.1	99
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	8.1	82.8	9.1	99
Rehabilitation Hospitals	0.0	Eating	52.5	41.4	6.1	99
Other Locations	2.1	*****				
Total Number of Admissions	188	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.1	Receiving Respiratory Care		16.2
Private Home/No Home Health	35.6	Occ/Freq. Incontinent of Bladder	53.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	1.1	Occ/Freq. Incontinent of Bowel	34.3	Receiving Suctioning		0.0
Other Nursing Homes	1.1			Receiving Ostomy Care		0.0
Acute Care Hospitals	26.6	Mobility		Receiving Tube Feeding		3.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	6.1	Receiving Mechanically Altered Diets		22.2
Rehabilitation Hospitals	0.0					
Other Locations	10.6	Skin Care		Other Resident Characteristics		
Deaths	25.0	With Pressure Sores	7.1	Have Advance Directives		90.9
Total Number of Discharges		With Rashes	8.1	Medications		
(Including Deaths)	188			Receiving Psychoactive Drugs		47.5

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.1	82.7	1.16	83.8	1.15	84.3
Current Residents from In-County	94.9	82.1	1.16	84.9	1.12	82.7
Admissions from In-County, Still Residing	22.9	18.6	1.23	21.5	1.07	21.6
Admissions/Average Daily Census	191.8	178.7	1.07	155.8	1.23	137.9
Discharges/Average Daily Census	191.8	179.9	1.07	156.2	1.23	139.0
Discharges To Private Residence/Average Daily Census	70.4	76.7	0.92	61.3	1.15	55.2
Residents Receiving Skilled Care	97.0	93.6	1.04	93.3	1.04	91.8
Residents Aged 65 and Older	97.0	93.4	1.04	92.7	1.05	92.5
Title 19 (Medicaid) Funded Residents	37.4	63.4	0.59	64.8	0.58	64.3
Private Pay Funded Residents	49.5	23.0	2.15	23.3	2.12	25.6
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2
Mentally Ill Residents	26.3	30.1	0.87	37.7	0.70	37.4
General Medical Service Residents	13.1	23.3	0.56	21.3	0.62	21.2
Impaired ADL (Mean)	47.7	48.6	0.98	49.6	0.96	49.6
Psychological Problems	47.5	50.3	0.94	53.5	0.89	54.1
Nursing Care Required (Mean)	7.1	6.2	1.14	6.5	1.09	6.5